

THE FENTANYL CRISIS: FROM NALOXONE TO TARIFFS

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Executive summary

Over the past several decades, the U.S. opioid epidemic has spanned four phases:

1. Oversupply of prescription opioids in the 1990s.
2. A significant increase in heroin supply and use in the 2000s.
3. A supply-driven explosion of fentanyl use after 2012.
4. Most recently, polydrug use, with fentanyl mixed into/with all kinds of drugs.

Since fentanyl entered the U.S. illegal drug market, more than a million people in the United States have died of opioid overdose.

The costs of fentanyl use go beyond the tragic deaths and drug-use-related morbidity, however. In addition to having significant implications for public health and the economy, the fentanyl crisis intersects in many ways with U.S. foreign policy.

U.S. overdose deaths began declining in 2023. But there is little certainty as to which domestic- or foreign-policy interventions have been crucial drivers. The wider availability of overdose-reversal medication is fundamental, as is expanded access to evidence-based treatment. It is also possible that the Biden administration's actions toward international supply from Mexico and China are contributing to this reduction in overdose deaths: since the start of 2024, China has become more active in suppressing the flow of precursor chemicals, and Mexican cartels, perhaps purposefully, are now trafficking a less lethal version of fentanyl. A wide array of policy measures as well as structural factors outside of policy control could be cumulatively and interactively reducing mortality.

The fact that the declines in mortality are not uniform across U.S. ethnic, racial, and social groups or geographic areas suggests the impor-

tance of access to medication for overdose reversal and the treatment of opioid use disorder, as well as the influence of structural factors. There is strong bipartisan support for preserving access to medication-based treatments. But crucially, access depends on medical insurance coverage, such as that provided through Medicaid and the Affordable Care Act. There are strong ideological divides about the financing and structure of the U.S. insurance industry as well as other aspects of drug policy.

On February 1, President Donald Trump imposed a 25% tariff on imports from Mexico and Canada and a 10% tariff on imports from China until each country stops the flow of fentanyl (as well as migrants, in the cases of Mexico and Canada).¹ He gave all three countries a month-long reprieve before implementing the tariffs in March to see if they satisfied his counternarcotics demands. Canada adopted a robust package of anti-fentanyl measures. Mexico too tried to appease the United States through a set of law enforcement actions, though it held out on perhaps the most important form of cooperation—expanding the presence and mandates of U.S. law enforcement agents in Mexico to levels at least approaching those enjoyed during the Felipe Calderón administration.

Unlike Mexico or Canada, China did not take any further counternarcotics actions and instead responded with counter-tariffs of its own, even as Trump threatened to add additional tariffs on imports from China of up to 60%.² On March 4, 2025, Trump dismissed Canada's and Mexico's law enforcement actions as inadequate, implementing the 25% tariffs. He also added an additional 10% tariff on China, meaning the second Trump administration has now placed a 20% tariff on Chinese goods.³

Apart from increasing the cost of goods for U.S. customers and driving up inflation, these tariffs will have complex effects on anti-fentanyl cooperation. Any large U.S. tariffs on China will likely eviscerate Beijing's cooperation with the United States, resetting the diplomatic clock

back to the bargaining of 2018 and noncooperation of 2021–2023. As crucial as it is to induce the government of Mexico to start robustly and systematically acting against Mexican criminal groups, whose power has grown enormously and threatens the Mexican state, Mexican society, and U.S. interests, Mexico has no capacity to halt the flow of fentanyl. Mixing the issues of migration and fentanyl risks Mexico appeasing the United States principally on migration while placating it with inadequate anti-fentanyl actions. Further, U.S. military action in Mexico, which has been threatened by Republican politicians close to Trump, would yield no sustained weakening of Mexican criminal groups or fentanyl flows. It would, however, poison the political atmosphere in Mexico and hinder its meaningful cooperation with the United States.

Strong law enforcement cooperation with Canada is crucial. Canada has been facing law enforcement challenges, such as the expansion of Mexican and Asian organized crime groups and money laundering operations in Canada. But disregarding the domestic and collaborative law enforcement efforts Canada has put on the table is capricious.

At home, Trump's favored approach, which renews focus on imprisoning users and drug dealers, and dramatically toughening penalties for the latter, would be ineffective and counterproductive. And while providing treatment is very important, the dramatic effect of treatment modality on effectiveness cannot be overlooked. Approaches to treatment should be designed based on evidence, not ideology.

Introduction

The fentanyl crisis in the United States will remain a critical issue for the Trump administration. Since 2012, some 530,000 people in the United States have died of opioid overdose, with the vast majority of these deaths caused by fentanyl.⁴ Also affecting Canada and spreading in Mexico, the fentanyl epidemic in North America is

already the most lethal drug epidemic in human history. Overdose deaths finally began to decline in 2023, but they are still at excruciatingly high levels, inflicting great personal suffering on families and intense societal costs in terms of public health and workforce productivity. While there are many hypotheses as to what has driven the recent declines in overdose deaths, there are no definite answers. Yet many policies adopted during the Biden administration, including the expanded availability of overdose-reversal medications and medication-based treatment for opioid use disorder, have been widely regarded as positive. The success of such policies, however, is dependent on broader public health factors—such as, critically, the availability of insurance coverage.

The Trump campaign stated its intent to dramatically curb the fentanyl crisis. It centered its plans on the international supply of fentanyl into the United States, making fentanyl a central—and contentious—feature of its foreign policy. Inaccurately blaming undocumented migrants for smuggling fentanyl into the United States, President Donald Trump imposed a 25% tariff on imports from Canada and Mexico until these countries stop the flow of fentanyl into the United States.⁵ As of March 4, he also imposed fentanyl-linked tariffs amounting to 20% on imports from China and is threatening other tariffs on imports from China unrelated to fentanyl.⁶

Such an approach will likely gut the U.S.–China counternarcotics cooperation that the Biden administration built up after a two-year hiatus between 2021 and 2023 and will pointlessly reset the diplomatic clock to a stage of bargaining that mixes security, economic issues, and public health issues. Although the United States gets virtually no fentanyl from Canada, Mexican cartels, which produce fentanyl in Mexico and recruit U.S. citizens to smuggle the fentanyl into the United States, are critical actors. Their power grew enormously during the administration of President Andrés Manuel López Obrador. The new Mexican administration, headed by President Claudia Sheinbaum, has indicated far

greater willingness to cooperate with U.S. law enforcement efforts. If Trump imposes a 25% tariff for an extended period, it would devastate the Mexican economy and eviscerate the United States-Mexico-Canada Agreement (USMCA), which Trump seeks to renegotiate or even withdraw the United States from.⁷ U.S.-Mexico negotiations to eliminate the tariffs could result in meaningful counternarcotics and law enforcement cooperation as long as the United States makes sensible demands: Insisting on unrealistic goals such as zero fentanyl flow or succumbing to placating measures by Mexico would be counterproductive and pointless. But how the tariff pain will intersect with Trump's migration policies (e.g., mass deportations) and threats of military action in Mexico remains to be seen. Military actions in Mexico would poison bilateral cooperation to such an extent that all law enforcement cooperation could cease. And mixing fentanyl and migration risks the Trump administration achieving desired outcomes on the latter while giving up on the former as Mexican tariffs also generate economic pain in the United States.

In addition to its role in U.S. external security and economic relations with Mexico, Canada, and China, fentanyl will loom large in U.S. domestic policies during the Trump administration. The incoming administration has been far less specific about its intended policies at home, but the first Trump administration's record and statements made by the most recent Trump campaign paint a picture of what to expect. It is likely that significant changes will be made to the Biden administration's approach; some of these changes augur poorly for sustained and expanded reductions in U.S. fentanyl death rates and stability for people with substance use disorders. Proposed changes include resurrecting a law-enforcement-centered, punitive approach toward users and dealers and perhaps weakening and defunding some harm-reduction initiatives. Yet, strong bipartisan support exists at least for preserving expanded access to overdose-reversal medication, such as naloxone, and treatment medications for opioid use disorder, such as buprenorphine and methadone.

This paper is part of a larger Brookings series, "The fentanyl epidemic in North America and the global reach of synthetic opioids,"⁸ that examines U.S. domestic policy approaches to fentanyl and opioids, policies regarding the international supply of illicit fentanyl to the United States—from countries such as China, India, and Mexico—and the spread of synthetic opioids to other parts of the world. It intends to analyze what is known about the incoming Trump administration's plans to address the opioid crisis. It brings in lessons and findings from the series' papers that unpack the state of the U.S. drug market and the outcomes of U.S. domestic law-enforcement measures; treatment and harm-reduction measures; decriminalization policies, including the impacts of these policies on specific communities; and policies addressing international supply. The paper also lays out various hypotheses about what has driven recent declines in U.S. overdose deaths. Developing an accurate understanding of these factors will be important for sustaining and enlarging reductions in opioid-related mortality.

This paper proceeds as follows: It first lays out the evolution of the opioid and fentanyl crisis in the United States and its four distinct phases, which reflect changes in the U.S. drug market and international supply. It then discusses the reduction in drug overdose mortality in the United States and lays out hypotheses about its drivers. It then evaluates elements of U.S. policy pertaining to opioids, particularly during the Biden administration but also during the first Trump administration. Finally, it juxtaposes the proposals made by Trump and his campaign for addressing the fentanyl epidemic with the findings of the Brookings fentanyl series.

The evolution of the opioid misuse catastrophe and its costs

The U.S. opioid crisis originated in the 1990s when unscrupulous pharmaceutical companies such as Purdue Pharma began promoting new opiate pain medications, such as OxyContin, and falsely claiming they were not addictive.⁹ By the mid-2000s, these companies had coopted much of the U.S. public health system to unleash a heavily commercialized flood of prescription opioids, whose dosage and application far exceeded what evidence shows was safe.¹⁰

Unprecedented numbers of Americans of all ages, socio-economic standings, and ethnicities developed substance use disorders—from high-school athletes suffering from sprained ankles and pulled muscles to grandmothers dealing with age-related chronic ailments. Because doctors and pharmacies, whether inadvertently or indifferently, were far more effective promoters of opioid use than any criminal organization, the resulting rise in substance use disorders exceeded even the greatest swells in the illicit drug trade.

Treating pain, especially debilitating pain such as that produced by terminal cancer, is essential and needs to be a core focus of health policy. But the deeply problematic and excessive way in which pain medications were dispensed in the United States in the 1990s and 2000s set off a substance-use-disorder disaster the likes of which had never been seen.

By the late 2000s, U.S. public health professionals and policymakers had woken up to the disastrous trends related to opioid use and had begun to restrict the supply of prescription opioids. But the vast numbers of people already suffering from opioid use disorder could not break their addictions overnight; instead, they

started sourcing prescription opioids from the illegal market in heroin and OxyContin that had been developing during the years of overprescription. Heroin use expanded significantly, and the cultivation of opium poppy in Mexico exploded. Mexican cartels came to supply heroin to the United States on a large scale.¹¹

Then came another watershed moment. Despite heroin from Mexico gushing into the United States, Chinese traders of chemical products saw a market opportunity. In 2012, they began supplying fentanyl, a synthetic opioid, to the United States, shipping it via postal services directly to drug retailers. Fifty times more powerful than heroin and 100 times more than morphine,¹² fentanyl began spreading through the U.S. drug market as dealers mixed it into heroin.

Even though U.S. users were not seeking fentanyl out, and even though fentanyl use brought with it a much higher death rate, the drug's price-per-potency ratio, ease of production, and resulting cheapness proved irresistible to retailers. Fentanyl originating in China quickly threatened to steal the illicit opioid market from underneath the Mexican cartels. Having long dominated the supply of cocaine, methamphetamine, and heroin to the United States and having grown to some of the world's most powerful criminal groups, the Mexican cartels—particularly the Sinaloa Cartel and the *Cártel de Jalisco Nueva Generación*—faced a choice: would they try to get into fentanyl distribution themselves, would they stay out of it, or would they perhaps seek to eliminate the retailers distributing fentanyl?

Unlike in Mexico, where criminal groups have been operating with ever-increasing power, brazenness, and indifference to an overwhelmed and deeply infiltrated Mexican law enforcement apparatus, the cartels were forced to exercise restraint in the United States.¹³ Fearing U.S. law enforcement, they limited the violence and brutality with which they acted south of the U.S.-Mexico border, and they did not attempt to kill the U.S. retailers spreading fentanyl. Instead, they jumped on the fentanyl bandwagon. By the

mid-2010s, they were buying fentanyl as well as its precursor chemicals from Chinese producers and trafficking it into the United States from Mexico. In May 2019, years of U.S. diplomacy, spanning both Obama administrations and Trump's first White House tenure, succeeded in persuading China to schedule the entire class of fentanyl-type drugs, with China hoping that its counternarcotics cooperation would bring an end to the tariffs the first Trump administration imposed on China. Yet the scheduling of all fentanyl analogs did not disrupt supply to the U.S. market. Mexican cartels simply ramped up their production of fentanyl in Mexico from precursor and pre-precursor chemicals, most of which were purchased from Chinese sellers and through illicit networks.¹⁴

By mixing fentanyl into all kinds of drugs, including cocaine and methamphetamine, both retailers and the Mexican cartels contributed to the meteoric rise in drug-related deaths in the United States, with numbers reaching into the tens of thousands. The lives lost in the United States were met with a stunning degree of indifference by the Mexican cartels, who calculated that they would get many more Americans addicted than they would kill through overdose, as the U.S. Department of Justice indictments of the Chapitos, the leaders of a key branch of the Sinaloa Cartel, revealed in April 2023.¹⁵ The numbers show little evidence of opioid use increasing after 2016; the higher toll was driven almost exclusively by the growing lethality of the drug supply.¹⁶

Mexican criminal groups also perfected the production of methamphetamine from precursor chemicals that are unscheduled—and, hence, difficult to monitor and regulate—producing the world's purest, most potent, and increasingly lethal version of the drug.¹⁷

Other developments over the past few years include mixing new synthetic drugs into fentanyl and into the drug supply overall. One drug that currently stands out in this context is xylazine, a tranquilizer used in veterinary medicine for large

animals. The drug first began circulating in the illicit drug market in Puerto Rico and eventually took off in Philadelphia and spread across the East Coast.¹⁸ By September 2023, xylazine was being trafficked to the United States in a solid form from China, from several other countries in a liquid form diverted from veterinary supplies, and from Mexico as part of a fentanyl mix.¹⁹ Will the drug, which has been associated with high-morbidity effects, such as tissue necrosis and resulting limb amputations, mimic fentanyl's gradual but steady spread across the East Coast, west to the Mississippi, and eventually throughout the entire United States? Certainly, the risks of xylazine are high enough that in April 2023, the White House designated fentanyl adulterated with xylazine as an official "emerging threat" to the country.²⁰

In sum, the U.S. opioid epidemic has gone through four phases since the 1990s: It started with an oversupply of prescription opioids, evolved into a surge in heroin supply and use, and in the 2010s morphed again into a supply-driven explosion of fentanyl. This synthetic opioid, as well as its analogs and other synthetic opioids such as nitazenes that eventually entered the U.S. market, was initially shipped directly from China to the United States in its finished form; since 2019, these synthetic opioids have been produced in Mexico using Chinese precursors. The fourth phase of the crisis, in which the United States currently finds itself, features polydrug use: fentanyl mixed into/with all kinds of drugs. It is being adulterated by new synthetic drugs, such as the high-morbidity tranquilizer xylazine. It is also being mixed into methamphetamine. Yet meth has become increasingly lethal even on its own.

The costs of the opioid crisis go beyond fatality counts and mortality rates. The trauma of losing loved ones to drug overdose spreads through families and communities, bringing with it intergenerational mental health consequences as well as economic burdens and harms. A 2024 study by Alison Athey, Beau Kilmer, and Julie Cerel found that more than 40% of American adults

(approximately 125 million people) personally know someone who has died from an overdose, and 13% of Americans (40 million people) say those deaths disrupted their lives.²¹ The consequences of drug-related mortality, in other words, extend far beyond those who experience it directly—a community's functionality and cultural heritage can be disrupted.

And then there are the multifaceted economic burdens. In 2019, the U.S. government estimated the cost of the opioid crisis at \$2.5 trillion in just over four years.²² At that time, U.S. annual drug death rates were between one-half and two-thirds of the current death rates. In 2020, with death rates rising, but nowhere near the 2023 high, the Joint Economic Committee of the U.S. Senate put the price tag of the U.S. opioid epidemic at \$1.5 trillion.²³ Although the U.S. government has not released updated economic estimates since that report, it is not unreasonable to assume that the economic burden has at least doubled in the intervening period.

Although all social groups in the United States have been affected by the opioid crisis, and its fentanyl phase, marginalized communities, rural communities, the urban poor, and people of color have disproportionately suffered.²⁴ The severe fentanyl and opioid costs these communities bear stem from many causes, but a particularly important one is a lack of access to evidence-based treatment modalities, including medications for opioid use disorder and insurance coverage for effective treatments. No other demographic has been hit as hard as American Indian and Alaska Native communities have.²⁵ The impact on these groups has been not just intense but also disproportionate in terms of death rates and community-wide harm. Older Black men constitute another group among which the consequences of the opioid crisis have been disproportionately severe, with the primary drivers being cocaine use and fatal overdoses.

The 2023 and 2024 declines in drug deaths

After years of crushing trends and dispiriting numbers, 2023 showed the first decline in overdose deaths since 2018. In May 2023, the Centers for Disease Control and Prevention (CDC) reported the total estimated number of drug overdose deaths as 107,543 over the past 12 months, a 3% decrease from the 111,029 deaths estimated in 2022.²⁶ Opioid deaths, including fentanyl deaths, declined from an estimated 84,181 in 2022 to 81,083 in 2023.²⁷ At the same time, overdose deaths from cocaine, into which fentanyl is increasingly mixed, and psychostimulants like methamphetamine increased.²⁸

The provisional data reported by the CDC for the 12-month period ending in May 2024 are even more remarkable, showing a decline of 12.71% in comparison to the period ending in May 2023.²⁹ That trend continued through June 2024. In some U.S. states, including some of the worst affected by fentanyl overdoses, such as Ohio and Missouri, the reductions in overdoses have been even more dramatic, reaching 20% and even 30%.³⁰ Together, these figures could amount to between 16,000 and 31,000 lives saved in the United States between May 2023 and May 2024.³¹

As of yet, there are no definitive explanations for these dramatic reductions. Multiple hypotheses, authoritatively analyzed by Nabarun Dasgupta, Colin Miller, and Adams Sibley, could explain the results.³² One possibility is that the U.S. drug market is finally stabilizing after increases during the COVID-19 pandemic and after fentanyl finished spreading across the entire country. This explanation would be predominantly a structural one, independent of policy interventions. The largest fatality drops have been in U.S. Eastern and Midwestern states, where fentanyl arrived several years earlier than

in Western states. Combined with the fact that mortality continued to trend upward in certain areas of the West in 2024, this suggests that market saturation, maturation, and stabilization are, in fact, part of the explanation.

Another possibility is that users have become more aware of fentanyl's dangers and that the entire U.S. drug supply is contaminated with synthetic opioids. In addition to users spreading information among themselves, it is possible that the Biden administration's intense focus on prevention and public education, such as through its One Pill Can Kill campaign, helped to disseminate information about fentanyl-related risks.³³ At least some users may indeed be making less dangerous choices, such as seeking to test drugs for the absence of fentanyl.³⁴ Yet a reduction in risky behavior would certainly not present as a uniform trend across all user groups. Other users are still seeking out potent fentanyl. And pill parties, also known as "Skittles" parties or pharm parties, where teenagers and young adults contribute drugs from their parents' medicine cabinets and the illegal market to a shared bowl and then randomly draw a handful of drugs to take to get intoxicated, persist, despite the high risks of lethal overdose.³⁵

Another possibility, and one with a high likelihood, is that the overdose-reducing medication naloxone—essentially taboo and barely available in the United States as recently as two decades ago—has become far more widespread. First responders are increasingly equipped with naloxone, and in all 50 states, naloxone is now available over the counter without a prescription.³⁶ This dramatic change in policy may explain a large portion of the recent reductions in overdose deaths so far. The increased availability of medications to treat opioid use disorder, doctors' readiness to prescribe them, and an expansion of health insurance coverage for substance use disorders have likely also played a significant role in the observed reductions.

The spread of xylazine may be another, if complicated, factor helping to explain the drop in lethal overdoses. Xylazine appears to reduce or delay withdrawal symptoms in some fentanyl users by having a powerful (yet dangerous) sedative effect. Thus, instead of a fentanyl user dosing themselves with fentanyl, say, five times a day to deal with withdrawal symptoms, which is not uncommon, they may do so only twice a day when using a combination of xylazine and fentanyl.³⁷ Tranquilizer adulterant in fentanyl might, in other words, delay the fatal effects of fentanyl in certain cases. However, xylazine, also known as "tranq," carries its own risk of serious side effects, such as severe flesh wounds. Moreover, xylazine's powerful sedative effects put users at risk of becoming crime victims or being otherwise endangered while using the drug.

Beyond its serious health effects, xylazine is not particularly responsive to overdose medication such as naloxone since it is not an opioid (but, rather, an alpha-2 agonist). In fact, it has been found that xylazine may weaken the effect of naloxone on users who overdosed on a combination of fentanyl and xylazine.³⁸ Given that for every lethal overdose, there are roughly 10 nonlethal ones,³⁹ with many lives saved because of naloxone availability, any reduction in the effectiveness of opioid-overdose-reversal medications could drive death rates up again.

It is thus crucial that persons who overdose from a combination of fentanyl and xylazine receive, in addition to opioid-overdose-reversal medication such as naloxone, breathing assistance to counter the non-opioid sedative effects of xylazine. Ideally, they would also receive immediate follow-up care by providers skilled in the latest techniques for addressing xylazine-related wounds as well as drug treatment for the complex joint addiction of an opioid and an alpha-2 agonist.

Another possible explanation for the reduction in opioid-related mortality is a move away from opioids and toward methamphetamine, as U.S. drug market research suggests.⁴⁰ However, with the lethality of methamphetamine in the U.S. market steadily increasing, as Peter Reuter and Greg Midgette show,⁴¹ a reduction in opioid deaths driven by increased methamphetamine use would provide only a temporary drop in the overall drug death rate. Moreover, treatment and harm-reduction interventions for methamphetamine are far less developed than they are for opioids. The super-potent meth now circulating in the U.S. market is produced in Mexico by Mexican cartels who possess a unique mastery of production from very basic chemicals. It is also increasingly exported to the Asia-Pacific region via Europe and the Middle East.⁴²

There is also the (somewhat) surprising possibility that the drug supply coming to the United States features less or less-potent fentanyl. In various U.S. localities, fentanyl was more expensive and less pure in 2024; in addition, a number of states across the country—including West Virginia, Ohio, Arizona, and Maryland—have reported a fentanyl shortage in interviews with academic researchers.⁴³ In November 2024, the administrator of the Drug Enforcement Administration (DEA), Anne Milgram, announced that the potency of fentanyl entering the United States has decreased: in 2023, 70% of fentanyl pills tested contained a lethal dose, but in 2024, that number dropped to 50%.⁴⁴

The Biden administration and U.S. governments since the Obama administration have certainly invested heavily in trying to stop the supply of fentanyl to the United States. These efforts include increased seizures at the U.S.-Mexico border as well as extensive arrests of retail-network operatives in the United States, as seen in DEA operations such as Operation Last Mile.⁴⁵ In the 24 months ending in August 2024, the United States seized more fentanyl—some 70,000 pounds—than in the prior five years combined, according to U.S. government officials.⁴⁶ The Biden administration's fraught engagement

with Mexico, which often produced only limited responses from López Obrador's government, also centered on disrupting the supply of fentanyl from Mexico.⁴⁷

As of the end of 2024, however, some experts were skeptical of the claims of lesser-purity fentanyl entering the U.S. drug market, pointing out that illicit fentanyl was more commonly used in powder form and that no robust and consistent decreases in the potency of powdered fentanyl had been detected.⁴⁸

Even more surprising is the fact that U.S. policy efforts and pressure on China appear to have produced a disruption in the supply of precursor chemicals from China to Mexican cartels. Certainly, this had been a key goal of the Biden administration, which engaged in intense diplomacy with Beijing to get China to schedule various precursor chemicals and to crack down on precursor suppliers. And after more than two years of no cooperation from China, it was announced in November 2023 that bilateral counternarcotics cooperation would resume.⁴⁹ During 2024, a range of joint operations targeting narcotics and money laundering were carried out, with the extent of cooperation growing significantly after two years of essentially no cooperation.

By late 2024, U.S. officials began reporting that the supply of fentanyl precursors from China had indeed decreased.⁵⁰ In private, Chinese officials made similar claims.⁵¹ Significantly, members of the Sinaloa Cartel have reported that traditional fentanyl precursors have become more difficult to obtain from China, and that, as a result, they have begun mixing various adulterants into fentanyl and looking for new ingredients.⁵²

Overall, the evidence of progress in China is mixed: many Chinese precursor suppliers have managed to evade Chinese regulations, law enforcement efforts, and U.S. sanctions by slightly tweaking their names, and journalistic investigations still indicate that precursor is both abundant and easy to acquire in the country.⁵³

As Jonathan P. Caulkins recaps in the Brookings fentanyl series, reducing the supply of illicit drugs to the United States and markets around the world has been an elusive proposition for decades.⁵⁴ Increased seizures often reflect increased drug volume—which was certainly the case with fentanyl between 2018 and 2023—rather than an increased rate in law enforcement effectiveness. Around the world, drugs have become cheaper, more potent, and more lethal, despite intense and resource-intensive efforts to reduce supply.⁵⁵ Controlling the supply of synthetic drugs, and especially synthetic opioids, is particularly challenging—not only are they inexpensive to produce and easy to smuggle, but they do not have the same territorial requirements as plant-based drugs.⁵⁶ It has often been the case that any successes in reducing drug supply evaporate within a few years, as drug traffickers find new production localities and means and new routes and methods of trafficking. Thus, to the extent that there is, in fact, any reduction in fentanyl supply to the United States, the important question is whether it can be sustained.

Certainly, even if China were to stop being the world's largest source of illicit precursors—an unlikely proposition—India, already the world's second-largest source of precursors for illicit drugs, stands ready and waiting. And despite the Biden administration's pioneering efforts to bolster India's counternarcotics capacities and establish U.S.-India bilateral cooperation,⁵⁷ India's regulatory and counternarcotics systems remain deeply inadequate. Moreover, just as they did with methamphetamine precursors, the Mexican cartels, particularly the Sinaloa Cartel, have been investing significant resources and efforts, such as recruiting university-educated chemists, toward independent precursor production, which would greatly reduce their reliance on supply chains from China or India.⁵⁸

There is also the intriguing possibility that the decline in the purity of fentanyl entering the U.S. drug market is a purposeful change driven by the Mexican cartels. The two principal producers and

traffickers of illicit fentanyl to the United States are the Sinaloa Cartel, especially the branch headed by the Chapitos, and the *Cártel de Jalisco Nueva Generación*. These groups became the official top target for U.S. law enforcement in 2024,⁵⁹ with the United States seeking to arrest and convict top operatives such as the Chapitos, the sons of the notorious trafficker Joaquín “El Chapo” Guzmán Loera, who already resides in a U.S. prison. In June 2023, while I was conducting fieldwork in the Mexican state of Sinaloa, where the Sinaloa Cartel is headquartered, the first narco banners announcing the Chapitos' prohibition of fentanyl production in the state, or at least its central areas, began emerging.⁶⁰ So did the first corpses of those who supposedly violated the ban. When I was back in Sinaloa in November 2023, I heard from local journalists, nongovernmental experts on the local drug and crime market, and Mexican government officials that the ban had remained in place, with an accompanying decline in income and a rise in street criminality in the area.⁶¹ But in the spring of 2024, after seeing no decline in the flow of fentanyl into the United States, the DEA dismissed the Chapitos' announcement as a public relations stunt designed to deflect U.S. and Mexican law enforcement pressure or perhaps consolidate market control.⁶²

Nonetheless, it is possible that in order to reduce law enforcement pressure in their home base of Culiacán and central Sinaloa, the Chapitos decided to approach fentanyl overdose deaths in the United States in a similar manner to deaths by violence north of the U.S.-Mexico border. Thus, in addition to moving fentanyl production to southern and northern Mexico, they began supplying less-potent, more-adulterated fentanyl within the United States. In fact, Milgram, the DEA administrator, explicitly stated in November 2024 that the “cartels have reduced the amount of fentanyl they put into pills because of the pressure we are putting on them.”⁶³

Meanwhile, the evidence from the field is mixed. There have certainly been points at which cartel operatives instructed fentanyl cooks to

make batches stronger and to look for ways of increasing the product's potency.⁶⁴ At least some of these instructions were given in 2023 and even in 2024. In late 2024, the Sinaloa Cartel also carried out experiments in which, in exchange for small payments, vulnerable inhabitants of Sinaloa were injected with fentanyl, despite the risks of lethal overdose—and many did indeed die in the process. Similar experiments were performed on animals. But the cartel's cooks seem not only to be looking to weed out excessively potent—and, thus, excessively lethal—fentanyl batches; they also appear to be focused on weeding products that are too weak for U.S. consumers. So, have they become more responsive to U.S. law enforcement? Perhaps.

The Sinaloa Cartel is highly decentralized—and not just because of the intense warfare between the Chapito and the Mayito branches following the Chapitos' betrayal of Ismael "El Mayo" Zambada García.⁶⁵ Fentanyl production and distribution are often left to underlings, with the top bosses only occasionally imposing system-wide orders. Some mid-level bosses may be unconcerned about U.S. law enforcement efforts or any orders from the Chapitos. But U.S. law enforcement agents interrogating the two Chapitos and El Mayo—all of whom are now in U.S. custody—can at least find out where in the United States the cartel ordered less-lethal fentanyl to be sent as a result of U.S. arrests and law enforcement pressure. In their interrogations, they can and should ask about the cartel's strategic decisions and responses, if there have been any, to U.S. law enforcement efforts. If it can be confirmed that the Chapitos decided to purposefully reduce the potency of fentanyl in the U.S. market on account of U.S. law enforcement pressure, that would be a significant accomplishment for U.S. law enforcement.

Indeed, many questions about what has driven the reductions in overdose deaths remain. While various hypotheses have been offered, there are few definitive answers. Acquiring such answers, or at least developing well-reasoned analyses of possible factors and their plausibility as drivers of

improved outcomes, is crucial for sustaining and deepening the declines in drug overdose deaths and saving U.S. lives. The papers collected in the Brookings series "The fentanyl epidemic in North America and the global reach of synthetic opioids" did not set out to provide these answers. The decreases in deaths only became strongly apparent once the papers were written. However, the papers assess the effectiveness of a wide range of policy measures, dealing with both internal and external supply, and bring together a considerable body of knowledge about federal policies, state-level experimentation, and their outcomes. The papers thus provide an invaluable foundation for continued investigation of causal factors as well as efforts to sustain reductions and further improve policies.

One finding, however, is unequivocal, and it's not a positive one: the declines in deaths did not take place uniformly across U.S. ethnic, racial, and social groups. The declines in drug overdose deaths mostly occurred among white Americans; on the whole, in fact, overdose deaths among Black Americans increased between 2022 and 2023.⁶⁶ In Maine, lethal overdoses dropped by 20% among white people but increased by a shocking 40% among Black people. In Michigan, they went down 12% among white people but increased 6% among Black people.⁶⁷ In Arizona, lethal overdoses declined by over 2% among white people but increased by a third among Black people. In states where overdose deaths declined for both groups, they did so more for white people. In states where lethal overdoses increased for groups, they did so more for Black people. Similarly, localities that tracked overdoses for American Indians, Alaska Natives, and Hispanics found far worse trends for those groups than for white people.⁶⁸

These disparities are distressing but, sadly, not surprising. Various papers, especially papers in this series, such as those by Nicole Gastala, Harold Pollack, et al.; Regina LaBelle and David Holtgrave; and Philomena Kebec, point out that access to overdose medication and effective treatment is highly unequal⁶⁹: Rural communities

tend to have less access than urban ones, and low-income individuals struggle with high transportation costs, inaccessibility of treatment facilities, and unavailability of treatment modalities. In the case of non-white ethnic and racial groups, who have historically suffered from injustice and inequity, these factors have a tendency to combine in disastrous ways.

Clearly, further policy improvements need to focus on expanding access to effective treatment and overdose medication for marginalized groups, in addition to funding and expanding such approaches overall. But will the push by the Trump administration to defund and eliminate all federal diversity, equity, and inclusion (DEI) initiatives undermine providing badly-needed support to those groups?⁷⁰

U.S. policy responses

Even while further policy adjustments are badly needed, along with expanded funding for effective, evidence-based interventions, there have been significant improvements, dramatic changes, and ground-breaking innovations since the beginning of the Obama administration. Unlike many other aspects of public policy in the United States, these improvements came about with significant bipartisan backing. Crucial legislation passed since the Obama administration includes the following:

- **The Comprehensive Addiction and Recovery Act** of July 2016, which allocated \$181 million annually toward prevention, recovery, and treatment (including for incarcerated individuals); law enforcement; criminal justice reform; and the distribution of overdose-reversal medication.
- **The 21st Century Cures Act** of December 2016, which established a federal funding account for state responses to the opioid crisis, created the position of assistant secretary for mental health and substance use within the Department of Health and Human Services, and increased access to information on evidence-based programs and practices regarding substance use.
- **The SUPPORT Act** of October 2018, which allocated federal funds for prevention, treatment, education, medical insurance, and law enforcement and community-based programs pertaining to the opioid crisis.
- **The Rural Opioid Abuse Prevention Act** of December 2022, which expanded the allowable uses of grant funds provided through the Comprehensive Opioid, Stimulant, and Substance Abuse Program, administered by the Department of Justice, to include pilot programs in rural areas aimed at using community-centered methods (including alternatives to incarceration) to reduce opioid overdose deaths.
- **The FENTANYL Results Act** of December 2022 (part of the FY23 National Defense Authorization Act), which directed the State Department to combat international trafficking of synthetic drugs and fentanyl through enhanced collaboration with international partners, with special focus on improved data collection, increased engagement with international drug agencies, the provision of technical equipment and training to boost capacity building abroad, and the creation of exchange programs with foreign governments and nongovernmental organizations for education and training.
- **The END FENTANYL Act** of March 2024, which required U.S. Customs and Border Protection to review and update inspection practices at ports of entry to ensure uniformity and effective detection of illegal activity along the border, such as the smuggling of drugs and humans.
- **The FEND Off Fentanyl Act** of April 2024 (included in the supplemental national security bill H.R. 815), which expanded sanction authority on illicit fentanyl traffickers in Mexico and producers of precursor chemicals in China. This act allows the proceeds from forfeited sanctioned property to be put toward law enforcement efforts and

empowers the U.S. Treasury Department to use special measures against money-laundering activities connected to the fentanyl trade.⁷¹

In recent years, the United States has broken with its decades-long policy of disavowing and prohibiting harm-reduction measures, with the Biden administration being the first to embrace harm reduction in its national drug strategy.⁷² Drugs like naloxone, taboo in the 1990s and 2000s, are increasingly seen as essential. Despite various challenges, including legal ones, overdose centers have begun to emerge.⁷³ The United States also invested far more in medication-based treatment for opioid use disorder. Although methadone had been federally funded in the United States for decades, numerous barriers plagued its access. Federal and state efforts to reduce these barriers increased as knowledge about the effectiveness and importance of evidence-based medication spread among communities and among members of the medical profession. Since the Obama administration's pioneering efforts, health insurance coverage for drug use disorders and mental health treatment has also increased.

Despite these important policy developments, however, there is still a long way to go. Many barriers to accessing naloxone and other medications still stand, and insurance coverage remains woefully insufficient. According to one estimate, of the roughly 7.9 million people suffering from opioid use disorder in the United States, only 6% received treatment at a specialty facility in 2022 and only 3.6% received medication for opioid use disorder.⁷⁴ Only 24% of people with any substance use disorder (including alcohol use disorder) received any type of treatment in 2022.⁷⁵ While some users of opioids may be able to quit without treatment, many who need and want treatment still cannot readily access it.

As discussed in various papers from the Brookings fentanyl series, including those by Gastala, Pollack, et al. and Kebec,⁷⁶ many barriers to treatment access persist—in addition to

the problem of health insurance, these include stigma, lack of doctor awareness and training, and the unequal provision of health care due to geographic, economic, social, and historical factors. These barriers are particularly high for people of color and for members of the incarcerated population.

Not all policy experimentation has been effective or sustained. Decriminalization policies enacted along the Pacific coast from California to British Columbia became associated with a range of negative outcomes, such as street criminality and open drug markets, and were reversed, as Keith Humphreys outlines.⁷⁷ Moves by various U.S. jurisdictions to classify the distribution of fentanyl leading to lethal overdose as a murder offense may be similarly ill-advised, as Beau Kilmer and Roland Neil lay out in their paper on various aspects of and changes in U.S. domestic drug law enforcement.⁷⁸

Other experimentation, such as with the government's provision of safer opioid medications (hydromorphone and oral morphine, for example), stimulant medications, and benzodiazepines, is ongoing in British Columbia.⁷⁹ Despite its vaunted harm-reduction approaches, the province has struggled to cope with fentanyl overdoses, as Jonathan P. Caulkins lays out in his paper evaluating different approaches to dealing with recreational drug markets.⁸⁰ And fentanyl and its associated mortality continue to spread eastward across Canada, which has tallied over 44,500 opioid overdose deaths since 2016.⁸¹

Much of the U.S. response to the opioid crisis focuses on reducing supply. U.S.-China bilateral cooperation collapsed at the beginning of the Biden administration. Although China prides itself on being the world's toughest drug cop, it subordinates and instrumentalizes its counter-narcotics and law enforcement cooperation to higher priorities in its foreign policy. For example, when China did not get the expected payoff of reduced tariffs from the Trump administration, and when the Biden administration retained those tariffs and even increased strategic competi-

tion in many domains, China suspended its law enforcement cooperation with the United States. By late 2023, however, adroit U.S. diplomacy created impactful pressure points on China—not only in the bilateral relationship but also in the multilateral sphere, through the creation of the Global Coalition to Address Synthetic Drug Threats. Moreover, both China and the United States, for their own strategic and economic reasons, sought to stabilize the bilateral relationship and find possible areas of cooperation. Counternarcotics cooperation restarted and yielded results.

Though hampered by its reliance on Mexico for stopping migrant flows, the United States also sought to work with the López Obrador administration on disrupting the fentanyl supply. Halting and at various times riddled with deception, as I discuss in my March 2024 congressional testimony,⁸² the López Obrador administration's anti-fentanyl policies were largely inadequate. Crucially, López Obrador's disavowal of law enforcement approaches to Mexican criminal groups, in the futile hope that these groups would settle their disputes independently and that Mexico's violence would decline as a result, effectively handed the country over to the narcos. The arrival of the Sheinbaum administration provides new opportunities for counternarcotics and law enforcement collaboration⁸³—if, as is also the case with China, the Trump administration's tariffs and other policies toward Mexico and China do not instead disrupt all enforcement cooperation.

Fentanyl and the second Trump administration's policies

In its first month, the Trump administration intertwined drug approaches to an unprecedented degree with U.S. national security and economic policies. It thrust fentanyl to the center of its relations not just with Mexico and China but also with Canada, even though Canada has not been a source of fentanyl supply for the United States. On February 1, 2025, the Trump administration imposed a 25% tariff on all imports from Mexico and Canada and a 10% tariff on all imports from China until each country fully stops the flow of undocumented migrants and fentanyl to the United States.⁸⁴ To avert the economically-devastating tariffs, Mexico and Canada offered varying law enforcement packages to satisfy the Trump administration and obtained a one-month deferment of the tariffs' implementation. But Trump declared Canada's and Mexico's measures to be inadequate. Unlike Mexico and Canada, China did not come running with new counternarcotics measures in an attempt to halt the tariffs. Thus, on March 4, the Trump administration implemented the 25% tariffs on Mexico and Canada and imposed additional 10% fentanyl-linked tariffs on China, for a total tariff of 20%.⁸⁵

The Trump administration also launched another policy that the previous administration considered too extreme and counterproductive: designating Mexican drug trafficking groups as foreign terrorist organizations (FTOs).⁸⁶

During the 2024 presidential campaign, Trump repeatedly threatened to place tariffs on Mexico and the FTO designation on Mexican cartels. The question now is whether the Trump administration will also deliver on the Trump campaign's threats of unilaterally bombing Mexican cartels or deploying U.S. special operations forces to hit them in Mexico.

The Trump campaign was far less specific about its intended fentanyl policies at home, but it emphasized tough domestic law enforcement measures. The campaign's statements as well as the Trump administration's dramatic reductions to the federal workforce and funding suggest significant changes are coming to the U.S. federal strategy toward combatting fentanyl and illicit dangerous drugs. Some of these policies augur poorly for sustaining and expanding the reductions in U.S. fentanyl death rates and stabilizing the lives of people with substance use disorders.

Supply-side measures

The Trump campaign's fentanyl plans mostly centered on tough messaging around drug supply, linking fentanyl deaths to what it called "a wide open U.S. southern border."⁸⁷ His promises to "secure" the U.S. border focused on reducing the number of migrants coming into the United States, an objective he also linked to reducing U.S. fentanyl overdoses. Trump repeatedly accused migrants of smuggling fentanyl into the United States, as well as "poisoning the blood of our country,"⁸⁸ a comment JD Vance attempted to reinterpret as meaning that "the blood of Americans is being poisoned by a drug epidemic."⁸⁹ Apart from its racist connotations,

this statement is highly inaccurate: according to the U.S. Sentencing Commission, 86.4% of those convicted on fentanyl trafficking charges in FY 2023 were U.S. citizens.⁹⁰ Ninety-three percent of fentanyl seizures occurred at legal crossings or at interior vehicle checkpoints, rather than on illegal migration routes.⁹¹

Trump also regularly blustered about U.S. military actions against Mexican criminal groups inside Mexico, insisting on "full cooperation" from neighboring governments in dismantling trafficking networks.⁹² During the presidential campaign, Trump asked his team to draw up "a battle plan" against the cartels.⁹³ Along with his advisors and many Republican politicians, Trump called for various military actions against the cartels, ranging from missile strikes on Mexican drug labs and special-forces operations targeting cartel operatives in Mexico to a U.S. naval blockade of Mexican ports known to be significant hubs for fentanyl precursor.⁹⁴

DESIGNATING MEXICAN CARTELS AS FOREIGN TERRORIST ORGANIZATIONS

Many Republican politicians close to Trump, including Vance, also argued for adding Mexican cartels to the list of designated FTOs.⁹⁵ On his first day in office, Trump delivered on the threat, tasking the Department of State to designate Mexican cartels as well as other transnational criminal groups as FTOs. As of February 12, the State Department's working list included six Mexican criminal groups: the Sinaloa Cartel, *Cártel de Jalisco Nueva Generación*, the Northeast Cartel, *La Familia Michoacana*, *Carteles Unidos*, and the *Cartel del Golfo*.⁹⁶ The *Tren de Aragua*, originating in Venezuela, and *Mara Salvatrucha*, spanning the United States and Central America, are also expected to be included on the official list.

The FTO label brings some benefits, but mostly has counterproductive effects, as I lay out in my February 2025 Foreign Affairs piece "The New War on Drugs."⁹⁷ Because the designation's downsides outweigh its few upsides, the Obama

and Biden administrations, both of which also considered making this designation, rejected the idea. In his first administration, Trump badly wanted to make the designation, but his advisors talked him out of it.⁹⁸

The FTO label does not empower the United States with any stronger financial sanctions against Mexican cartels than those already stemming from their criminal activity.”⁹⁹ Nor does it provide direct authorities for launching military strikes into Mexico. The FTO designation is not needed for that, the U.S. president can authorize such strikes without a congressional declaration of war even in the absence of such a designation—viz., the Biden administration’s strikes against the Houthis in Yemen after the U.S. government removed the FTO designation from the Houthis.¹⁰⁰ The label does expand some of the U.S. Department of Defense’s authorities, such as in intelligence collection. And indeed, raising the prioritization of intelligence collection on the Mexican cartels is very important and a benefit of the designation. But the Biden administration had already increased intelligence collections on the cartels without the designation. The label may also increase the prioritization that Department of Justice prosecutors give to narco-linked cases, which would be another benefit.

But the FTO designation comes with vast, nebulous, and powerful material support clauses. The knowing provision of even a glass of water—and perhaps even of advice—can be prosecuted by the U.S. Department of Justice and result in large financial penalties or imprisonment. While the material support clauses allow exceptions for duress—i.e., providing payments or other support under the threat of violence or death—the duress clauses have not always been sufficient in courts in the United States and elsewhere in the world to assure legal relief.¹⁰¹ Thus, anyone from Chinese brokers selling precursor chemicals to the Mexican cartels, to migrants paying them smuggling fees or ransom, to Mexican companies or individuals forced to pay extortion, could be prosecuted by the Department of Justice or sanctioned by the U.S. Department of Treasury

and cut off from the U.S. financial system or denied asylum. Given the pervasiveness of extortion in Mexico, the designation has—unsurprisingly—been opposed by successive Mexican governments.

U.S. financial service providers might be reluctant to process remittance payments to Mexico, fearing that some of the money in Mexico could leak to the designated Mexican criminal groups. In 2023, remittances from the United States to Mexico amounted to \$63.3 billion, some 4.5% of Mexico’s GDP.¹⁰² A decline in remittances would be a blow to the Mexican economy, which now also has to grapple with decreased remittances as a result of the mass deportations of undocumented migrants by the Trump administration and the high costs of absorbing the deportees.¹⁰³ To appease the Trump administration, the Mexican government also agreed to host deportees from the United States who are not Mexican nationals.¹⁰⁴

Since there is no territorial limitation to the material support clauses, U.S. companies and individuals too could be held legally liable. The legal liability would strongly pertain to U.S. gunmakers and gun sellers, an important constituency of Trump and the Republican Party.

But many other U.S. economic firms and individuals could be charged with material support to terrorist groups if their Mexican subsidiaries or other business partners paid extortion fees to the Mexican cartels or otherwise engaged with them.¹⁰⁵ The extent of due diligence that U.S. companies will need to undertake about their Mexican counterparts will increase substantially. If the U.S. government mounted extensive prosecutions, U.S. companies could become reluctant to trade with or invest in Mexico and may even divest from the country.

Such economic fallout would constitute another serious blow to the Mexican economy. Moreover, it would undermine the Biden administration’s efforts to reduce U.S. economic dependence on China by moving supply chains closer to U.S.

soil and to U.S. allies and neighbors. The inward-looking Trump administration may not care about weakening the Mexican economy or undermining near-shoring as it seeks to relocate much of the supply chains to the United States itself.

TARIFFS ON MEXICO

Indeed, the 25% tariff on Mexican imports that Trump says will stay in place until the country stops the flow of migrants and fentanyl into the United States is an outright violation of the USMCA trade agreement the president had negotiated with Mexico and Canada during his first administration.¹⁰⁶ Eager to avoid the tariff, which the Peterson Institute of International Economics estimates would result in the loss of as much as 2% to 3.5% of real Mexican GDP over the next decade (assuming Mexico retaliates in kind),¹⁰⁷ the Mexican government undertook various measures, including deploying an additional 10,000 National Guard troops to the U.S.-Mexico border on top of the 15,000 troops previously deployed there.¹⁰⁸ At least on some parts of the border, the troops began inspecting every single vehicle heading to the United States, though they are finding little fentanyl, with the cartels likely temporarily suspending this method of fentanyl smuggling.¹⁰⁹ But they have been preventing migrants from reaching the U.S. border, with migrant arrivals at the border low in late 2024 and early 2025.

On February 28, the Mexican government also handed over to the United States 29 top cartel bosses and other top-level operatives who were imprisoned in Mexico.¹¹⁰ Among them was Rafael Caro Quintero, one of the founders of the Sinaloa Cartel and a top operative of the earlier Guadalajara Cartel, who had been sought by U.S. law enforcement for 40 years for his role in the kidnapping, brutal torture, and murder of DEA agent Enrique “Kiki” Camarena in 1985. This handover provides both justice and closure and allows U.S. law enforcement agents to interview the traffickers about their operations and corruption networks in the U.S. government. It is a significant move.

Finally, the Mexican government has been conducting widespread arrests and fentanyl lab busts in Sinaloa to deflect tariffs and reduce the violence that has flared up in the state since September 2024. In November 2024, the Mexican government announced it had busted the largest-ever fentanyl lab in Mexico.¹¹¹

The tariff threats have created important leverage for the U.S. government. The López Obrador administration’s anti-crime efforts and cooperation with the United States had been woefully inadequate. The Sheinbaum administration has shown far more willingness to cooperate with the United States. But the Trump administration must ask for the right deliverables from Mexico, given the infeasibility of Trump’s demand of zero fentanyl flow from Mexico into the United States.¹¹² Washington should not be satisfied with Mexico predominantly countering the flows of migrants to the U.S.-Mexico border. Nor should it allow itself to be placated with sporadic counter-narcotics actions, such as the occasional high-value targeting of top narcos, the destruction of labs, or drug seizures, even if large ones, the principal actions the Mexican government has undertaken so far.

AMERICA, MEXICO, AND THE CONSEQUENCES OF TRUMP’S POLICY

On their own, all of these actions are ephemeral in their impact, and high-value targeting has amplified violence in Mexico, a bad development that is making anti-crime measures in Mexico hard to sustain.¹¹³ Instead, Washington should bargain for the resurrected, extensive presence of U.S. law enforcement officials, including from the Drug Enforcement Administration, in Mexico. In collaboration with Mexican security forces and with expanded mandates, U.S. law enforcement agents in Mexico could refocus targeting away from only the top narcos toward Mexican criminal groups’ middle operational layers, a move that interests the Sheinbaum administration and would stop new leaders from taking over and continuing the crime organizations’ illegal business.¹¹⁴ It will take a long time to rebuild mutual trust, especially

to the level we temporarily saw during the Felipe Calderón administration and the Merida Initiative, a U.S.-Mexico bilateral security agreement.¹¹⁵ However, such an expanded U.S. presence would facilitate intelligence gathering, strategic analysis, and response, thereby rolling back Mexican criminal groups from the legal economies they penetrated in Mexico and holding Mexican security forces and government officials accountable. Yet the Sheinbaum administration has so far resisted allowing a greater scope of operations for U.S. law enforcement agents in Mexico, even if they were to work jointly with Mexican law enforcement officials.

If the tariffs eventually prompt such expanded cooperation from the Mexican government, the United States will need to help design law enforcement strategies to reduce violence in Mexico. This could be accomplished through careful sequencing and prepositioning forces in concentric circles of operations. Helping Mexico build investigative capacities, another element Sheinbaum has embraced,¹¹⁶ is crucial. So is finding ways to insulate Mexican prosecutors and judges from corruption and violent threats from the narcos. This has become far more difficult since Mexico passed a constitutional reform in September 2024 mandating the election of all judges.¹¹⁷ Mexico's judicial system thus became not just politicized but even more vulnerable to the narcos, who now influence Mexican elections to an unprecedented degree.¹¹⁸

Of course, the United States will waste its leverage with Mexico if it continues imposing tariffs even if Mexico complies with U.S. counternarcotics demands. Beyond the 25% fentanyl-linked tariff, the Trump administration's tariffs on steel and aluminum hit Mexico (as well as Canada) particularly hard.¹¹⁹ Trump has also threatened to impose a 25% tariff on automobiles as of April 1, another move with vastly detrimental impact on Mexico and Canada.

The Mexican government reacted to the implementation of the 25% fentanyl-linked tariff by imposing counter-tariffs.¹²⁰ It has other retaliatory actions at its disposal: It could halt its efforts

against migrant flows, allowing them to reach the U.S.-Mexico border. It could also scale law enforcement cooperation back or perhaps even expel U.S. law enforcement agents.

A more escalatory step, which would completely blow up U.S.-Mexico law enforcement cooperation, is if the United States resorts to unilateral military actions in Mexico. Bombing drug labs or killing cartel leaders would be of limited effectiveness in weakening the power of the Mexican criminal groups and reducing the supply of drugs to the United States. Much like the so-called high-value-targeting approach taken by three successive Mexican administrations against drug kingpins, U.S. military attacks against cartel leaders, even if successful in killing them, would fuel more violence in Mexico without preventing these groups from reconstituting. Similarly to the destruction of labs, which would only modestly reduce drug flows because they are easy to rebuild, cartel leadership is easy to replace, even if doing so results in additional bloodshed.¹²¹

Thus, while unilateral U.S. military action in Mexico would have limited effectiveness, it would also be politically explosive in the country and all but guarantee the Mexican government's refusal to cooperate with U.S. anti-cartel efforts. This would be especially likely if U.S. military actions caused civilian casualties, something that could easily happen as Mexico's crime bosses and clandestine labs often operate in cities. In fact, the U.S.-Mexico security relationship would likely deteriorate to its worst point in decades, bringing a broad range of U.S. interests into jeopardy.

The Trump administration cannot have it both ways: it cannot conduct unilateral strikes in Mexico and expect robust Mexican cooperation in dismantling trafficking networks. Of these, the latter is far more important for addressing drug flows and for securing other key U.S. interests. Nor should it impose extensive tariffs on Mexico once Mexico agrees to robustly strengthen anti-crime efforts, including by permitting an expanded presence and range of operations of U.S. law enforcement agents.

CANADA

The 25% fentanyl- and migration-linked tariffs the Trump administration announced on February 1 and implemented on March 4 also applied to Canada. That move, profoundly disrupting relations with one of the United States' closest allies and compounding Trump's threats to use economic tools to annex Canada,¹²² makes little sense.

Canada is grappling with a devastating fentanyl crisis of its own. Between January 2016 and June 2024, Canada registered 49,105 apparent opioid overdose deaths.¹²³ The country has also seen a dangerous expansion of organized crime and money laundering, including for Mexican cartels. According to Canadian law enforcement officials, there are also signs that Mexican cartels may be gearing up to start producing some drugs—whether fentanyl or methamphetamine—in Canada.¹²⁴ Until now, they have been using Canada mostly as a transshipment route for their meth and cocaine heading to the Asia-Pacific region and precursors heading to their production sites in Mexico. Fentanyl in Canada has been produced by atomized producers, even if operating very large labs, and distributed by Canadian biker groups.¹²⁵

Yet only a tiny fraction of the fentanyl that comes into the United States originates in Canada: in 2024, it was only 0.2%. Overwhelmingly, fentanyl is supplied to the United States by Mexican cartels out of Mexico.¹²⁶ In fact, more fentanyl has been heading from the United States to Canada than vice versa. In 2023, the U.S. Customs and Border Protection agency seized only 43 pounds of fentanyl coming from Canada to the United States while it seized 21,148 pounds heading to the United States from Mexico and 882 pounds heading from the United States to Canada!¹²⁷

Nonetheless, the prospect of a dramatic disruption to U.S.-Canada trade and to Canada's economy as well as Trump's threats of annexation spurred the Canadian government to

strengthen a variety of law enforcement measures: Canada announced an additional \$910 million for increased personnel, technology, and canine units at the U.S.-Canada border.¹²⁸ It created the position of a fentanyl czar and appointed a former senior law enforcement official and high-level security and intelligence officer, Kevin Brosseau, to the job. Since taking up the post, Brosseau has committed himself to Trump's impossible demand of zero fentanyl flows from Canada to the United States.¹²⁹ Despite the massive legal tangles that implementation would require, Ottawa also agreed to designate Mexican cartels as terrorist groups.¹³⁰ Perhaps most significantly, it proposed the creation of a Canada-U.S. Joint Strike Force tasked with combatting organized crime and money laundering, dedicating \$140 million (CAD 200 million) to it. If trust and a collaborative mood can be created in the task force, it could become a highly powerful and valuable tool against organized crime in Canada and the United States. However, these actions did not satisfy the Trump administration, which imposed a 25% tariff on March 4. Canada reacted with a 25% retaliatory tariff against \$107 billion dollars' worth of U.S. goods.¹³¹

CHINA

Trump's fentanyl-linked tariffs also apply to China. At first, Trump threatened a smaller rate of 10%.¹³² But when China did not respond with a slate of new counternarcotics initiatives, Trump imposed an additional 10% tariff on March 4. He has also threatened to impose other tariffs on China, as much as 60%, for non-fentanyl reasons.¹³³ The tariffs are unlikely to substantially advance Chinese counternarcotics cooperation with the United States. Already, China has retaliated with counter-tariffs, and the law enforcement cooperation that was built up during the last year of the Biden administration could easily be set back, instead of being cemented and expanded.

The Trump administration's decision to place tariffs on China is not surprising. In 2023, Trump warned that China would "pay a steep price" for not clamping down on illicit drug precursor flows.¹³⁴ Trump also claimed that Chinese President Xi Jinping had promised to impose the death penalty on Chinese producers and traffickers of fentanyl and fentanyl precursors: "I had a deal worked out with President Xi," Trump claimed in 2023. "They weren't going to be sending any more [fentanyl to the United States], and they were going to impose the death penalty on those that made it in China."¹³⁵

Chinese laws do include the death penalty for drug trafficking, but in practice, China rarely issues such a sentence. Moreover, many synthetic-opioid and methamphetamine precursors are unscheduled legal chemicals: the key obstacle to China's law enforcement actions is the absence of racketeering-conspiracy and material-support clauses in China's laws. For this and many other reasons, it is hard to imagine that Xi ever agreed to or would agree in the future to such law enforcement and judicial actions. But will the Trump administration insist on any such measures in its engagements with China over fentanyl?

JD Vance, too, has threatened intense punitive actions against China: "We should be willing to say [to China], that if you don't stop sending fentanyl precursors to Mexico and to our own ports of entry, we're going to really penalize you guys economically. ... We can increase tariffs and extract a massive economic cost."¹³⁶

Vance has also flirted with the trope, popular in circles close to Trump,¹³⁷ that China is purposefully conducting asymmetric warfare against the United States through fentanyl flow:

"I mean, China's fundamentally a state-controlled economy. Do you think that they're aware of what's going on? Or are we sort of witnessing something like a reverse opium war where they are intentionally allowing this stuff [synthetic opioids] to come into our country ... given that China is a largely state-controlled

economy and it's not exactly easy to manufacture nitazenes, I wonder if we are looking at something like a state-sponsor-of-terrorism argument here, where they are explicitly permitting a weapon of mass destruction—a weapon of chemical warfare, effectively—to enter our country. ... China knows that it's destabilizing our country, it's killing our people, it's of course doing tremendous damage to our workforce. And we ought to be looking into this and really exerting whatever diplomatic pressure we can on the communist Chinese to stop this stuff."¹³⁸

Throughout the Trump administration, various activist groups pushed for designating fentanyl as a weapon of mass destruction (WMD) and garnered the support of some Republican politicians.¹³⁹ Such a designation would have complex and often counterproductive consequences and would not meaningfully advance international law enforcement cooperation. Will the Trump administration pursue it?

No doubt, big gaps persist in China's law enforcement efforts. The fact that China doesn't have material support, conspiracy, and racketeering statutes means that smugglers selling unscheduled precursors (from which much fentanyl is still produced) can escape prosecution in China. These smugglers falsely claim that they do not know they are selling to Mexican cartels, and as long as they do not sell scheduled chemicals, Chinese law enforcement officials do not believe they can act.¹⁴⁰ That China does not demand due diligence or at least encourage know-your-customer practices also allows Chinese officials to maintain this fiction. The United States has been pressing on that issue without success.

China badly needs to close those loopholes or find creative legal and law enforcement ways to work around them. But Trump's pardoning of Ross Ulbricht, whose Silk Road drug smuggling enterprise was hardly different from that of Chinese precursor smugglers, severely undermines the moral, reputational, legal, and leadership authority of U.S. demands.¹⁴¹

LESSONS FROM PAST PROGRESS WITH CHINA

If the Trump administration wants to attain Chinese cooperation on counternarcotics, it should learn from the Biden administration's adroit diplomacy in 2023,¹⁴² which led to a resumption of counternarcotics cooperation in 2024. As part of that cooperation, China mounted various measures it had been refusing to undertake previously. In 2024, a resurrected U.S.-China counternarcotics working group began sharing information and intelligence while Chinese and U.S. law enforcement officers cooperated on cases.¹⁴³ Beijing also scheduled dozens of fentanyl, xylazine, and nitazenes precursors¹⁴⁴ and engaged the chemical industry to discourage precursor smuggling, sending out notices that precursor sales would be more tightly monitored and compliance failures could result in U.S. sanctions and prosecutions.¹⁴⁵ China even shut down what it said were thousands of websites selling scheduled precursors.¹⁴⁶

Those measures were hardly perfect. Chinese companies sanctioned by the U.S. government would spring back up online with just a slight tweak to their name.¹⁴⁷ Various journalistic investigations have revealed that fentanyl precursors still flow from China.¹⁴⁸ But, as discussed earlier, other such investigations suggested that by the end of 2024, at least some Mexican fentanyl cooks were struggling to source traditional precursors from China.¹⁴⁹ This is consistent with assessments from U.S. government officials and counternarcotics officers: in interviews with me, various interlocutors expressed their belief that considerably fewer precursors were shipped from China in the second half of 2024 than before.¹⁵⁰

Additionally, a big breakthrough came in the anti-money laundering (AML) sphere, an area where China had for some years refused to cooperate with the United States. Chinese banks, including the People's Bank of China, participated in the U.S.-China fentanyl dialogues. The early 2024 meetings grew into a formal exchange and coop-

eration platform between the U.S. Department of Treasury and the People's Bank of China.¹⁵¹ As U.S. law enforcement agencies targeted money launderers working for the Mexican cartels,¹⁵² including Chinese money launderers who have become the cartels' to-go money laundering entities, China cooperated with the United States in some of the arrests.

Once again, the cooperation, although meaningful, was not without challenges, such as those stemming from different U.S. and Chinese anti-money laundering laws. U.S. law enforcement officials praised China's creativity in making charges and indictments consistent with Chinese laws while being responsive to U.S. requests.¹⁵³

But in the fall of 2024, Beijing became unhappy that it hadn't received the payoffs it expected for restarting cooperation with Washington—such as being taken off the United States' annual "Majors List" of illicit drug-producing or drug-transit countries.¹⁵⁴ In September 2024, China appeared on the list for a second time, much to Chinese officials' chagrin.¹⁵⁵ At the same time, rhetoric in the United States, especially from Republicans, linking China to fentanyl precursor flows and U.S. overdose deaths did not abate despite the new cooperation.¹⁵⁶

Consistent with China's subordination of law enforcement cooperation and its denial of law enforcement cooperation to countries with whom it has a deteriorating bilateral relationship,¹⁵⁷ Chinese government officials explicitly stated that their country's counternarcotics cooperation with the United States would not survive the imposition of extensive tariffs on China.¹⁵⁸ It is to be expected that China will withdraw from counternarcotics cooperation if Trump does impose the 60% tariff on China he has advocated. Such a tariff would have highly detrimental effects on the Chinese economy, which is already fragile from the effects of the COVID-19 pandemic and China's policies toward it.¹⁵⁹

Although China may eventually become ready to trade counternarcotics cooperation for tariff reductions, any extensive tariff on Chinese goods by the Trump administration will gut cooperation, rewinding the clock to the 2021–2023 period when zero cooperation was taking place, making negotiations to restart it much harder.

Rather than making resorting to tariffs, the Trump administration should have expressed a strong commitment to the Global Coalition against the Threat of Synthetic Drugs, an international forum built by the Biden administration that became an important source of leverage with China. However, due to its indifference to multilateralism, the Trump administration has not yet committed itself to sustaining and expanding the coalition's efforts.

DOMESTIC DRUG POLICY MEASURES

The Trump administration has been slow to launch domestic fentanyl policies other than initiating the extensive and brutal roundups and deportations of undocumented migrants,¹⁶⁰ which the administration framed as a supposed measure to stop fentanyl trafficking into the United States. In fact, its orders directing many domestic federal law enforcement agencies, including the entire Homeland Security Investigations agency and parts of the Federal Bureau of Investigations, and pressure on state and local police forces to prioritize arresting undocumented migrants risks diverting attention from disrupting cartel money laundering and distribution networks in the United States.¹⁶¹ Deep cuts to federal law enforcement agencies' budgets and politically-motivated purges will only worsen the reductions in law enforcement resources.

Trump's recent rhetoric regarding domestic drug policies has been dramatic and suggests a substantial departure from some of the first Trump administration's policies. In October 2017, the first Trump administration declared the opioid epidemic a health emergency but did not provide a much-needed boost in funding for necessary policy responses.¹⁶² A year later, however, in October 2018, the U.S. Congress passed a signif-

icant piece of legislation with bipartisan support: the SUPPORT Act.¹⁶³ The act, which expired in October 2023, allocated federal funds for prevention, treatment, education, medical insurance, and law enforcement programs pertaining to the opioid crisis. It provided additional funding for community-based treatment and recovery programs through grants administered by the Department of Labor and required Medicaid to cover the three medications for opioid use disorder approved by the Food and Drug Administration. It also sought to standardize the delivery of medicine and treatment for substance use disorders and to mitigate the impact of the opioid epidemic on the U.S. workforce.

Moreover, and importantly, the Trump administration did not significantly interfere with various forms of policy experimentation at the local level, such as increasing the availability of naloxone. In fact, policy moves toward evidence-based treatment modalities and even harm-reduction approaches expanded even in some conservative Republican jurisdictions.

The second time around, Trump has assumed the presidency with strongly formed views on various aspects of U.S. drug policy. Since Trump did not like the policy recommendations of the blue-ribbon commission he set up during his first term to study the opioid and fentanyl crises and only reluctantly followed them, he has refused to appoint another expert panel: "No more blue-ribbon," he repeatedly stated during his campaign. "I refuse to create them anymore."¹⁶⁴

Beyond permanently scheduling all fentanyl analogs in the United States,¹⁶⁵ Trump's core proposition for addressing the fentanyl crisis has been to impose the death penalty for all drug dealing, an unprecedented step in U.S. criminal justice: "Every drug dealer, during his or her life on average will kill 500 people with the drugs they sell, not to mention the destruction of the families," Trump asserted in November 2022.¹⁶⁶ "But we're going to be asking everyone who sells drugs, gets caught, to receive the death penalty for their heinous acts."¹⁶⁷

Imposing the death penalty on drug traffickers has not eliminated drug trafficking anywhere in the world; in fact, some countries with the highest rates of execution for drug-related matters have seen an intensification of drug use and trafficking. Saudi Arabia, for example, has been reeling from intensively augmented drug use and far greater and more dangerous drug flows than ever before.¹⁶⁸ Any move by the U.S. criminal justice system to impose the death penalty for drug dealing would not only be brutal and woefully ineffective but would also undermine the effects of life-saving Good Samaritan laws in the United States, which Neil and Kilmer highlight as positive innovations in their paper on domestic drug enforcement in this series.¹⁶⁹

But even short of imposing the death penalty, the FTO designation of Mexican cartels now allows the Trump administration to charge street drug dealers with terrorism charges either for membership reasons or under material support clauses even if the dealers do not belong to any of the designated groups. This could lead to lengthy imprisonment for users, returning U.S. policies to the misguided approaches seen during the height of the War on Drugs in the late 1980s and early 1990s. In fact, even nonviolent drug users could be charged under the material support clauses.¹⁷⁰ That would be an even worse development, discouraging users from seeking out medical treatment and other important support or perhaps even purchasing overdose medications such as naloxone.

Of course, the Trump administration will exercise discretion in whom it prosecutes under the terrorism clauses, which could—and absolutely should—spare users such charges. But the designation nonetheless opened up a dangerous slippery slope and massive legal headaches for delivering treatment and assistance and appropriately responding to domestic drug markets.

Even before that designation took place, Trump already planned to toughen U.S. domestic drug enforcement. He promised to direct U.S. federal agencies to take down gangs and other street-

crime organizations that distribute drugs at the local level,¹⁷¹ in what appears to be an echo of his preoccupation with the Mara Salvatrucha, known as MS-13, gang during his first presidency.¹⁷² In its Project 2025, the Heritage Foundation, a think tank closely linked to Trump, argued for sharply increasing arrests made for mere drug possession.¹⁷³ Although Trump tried to distance himself from Project 2025 during the last stages of his campaign,¹⁷⁴ this idea, as well as the idea of tougher penalties for drug possession, has gained traction with conservative politicians.¹⁷⁵ Yet decades of evidence, highlighted by various papers in this series, show that extensive arrests for drug possession and low-level drug dealing are ineffective and counterproductive policies, saddling states and the federal government with the massive economic and social costs of incarceration while compounding substance use disorders. It took decades of painful drug policy experiences for the United States to ease away from such policies.

However, the extent to which the Trump administration can redirect law enforcement agencies toward cracking down on nonviolent users is not clear-cut. Most street-level law enforcement in the United States is handled by states and counties and not the federal government. Increasing arrests for users may find traction in jurisdictions aligned with Trump's ideology, but even those jurisdictions will be aware of the enormous costs associated with high incarceration levels. What is more, law enforcement resources in many areas will need to be diverted to rounding up undocumented migrants. The Trump administration can incentivize state and local law enforcement to follow its policy preferences by awarding financial grants and imposing penalties, many of which depend on federal financial transfers.¹⁷⁶ But states and counties will still have a lot of say in how local law enforcement is used against dealers and users of fentanyl.

A milder version of the law enforcement approach to users could center on expanding police-led diversion programs that allow users to avoid incarceration. This would be especially

important were the Trump administration to pull back from the already inadequate provision of buprenorphine and methadone in jails and prisons by restricting federal funding, including Medicaid coverage.¹⁷⁷

If the Affordable Care Act were to be revoked or significantly altered, insurance coverage for treating substance use disorders could decrease or altogether collapse for many. Yet as LaBelle and Holtgrave and Gastala, Pollack, et al. write in their respective papers, insurance coverage is crucial for expanding access to treatment.¹⁷⁸

Though Trump and Vance have advocated for a number of harsh, militarized, and counterproductive policies, they have also voiced support for some public health and harm-reduction approaches toward drug users. For example, while disavowing decriminalization and linking it to high overdose-death and addiction rates in the Pacific Northwest, Vance, whose own mother has struggled with a substance use disorder, argued:

“Look—some harm reduction absolutely matters, right? Suboxone to sort of medically assisted treatment for people who are trying to break clean of this stuff [substance use disorder]—all that’s part of the equation, but I think that if we believe we’re going to solve the opioid problem by handing out needles, we’re going to make the problem worse. Legalization is not going to help, but maybe doing medically assisted treatment more and making that more accessible, that’s a good solution.”¹⁷⁹

Indeed, there is strong bipartisan interest in preserving access to buprenorphine and methadone.¹⁸⁰

Yet some scaling back of federal support for evidence-based treatment and harm-reduction approaches appears likely—whether it takes place under budget cuts led by Elon Musk and his so-called Department of Government Efficiency, from the administration’s possible changes to Medicaid and insurance coverage, or

from Trump’s ban on DEI efforts.¹⁸¹ Minority and underprivileged communities were experiencing the highest fentanyl-linked mortality even before the DEI ban went into effect, and they now may find it even more difficult to access overdose-reversing or effective treatment medication.¹⁸²

Moreover, it is not clear to what extent prevention and treatment programs supported by the Trump administration will center on evidence-based medical interventions, as opposed to ideological notions of abstinence. Trump, for example, promised to “make it easier for those suffering from addiction to seek treatment without losing their job,” and to “strengthen the pillars that give life meaning and hope for those struggling with addiction—in particular work, faith, and family.”¹⁸³ The secretary of Health and Human Services, Robert F. Kennedy, Jr., who himself suffered from heroin use disorder, is known to promote abstinence and work-based treatment approaches, such as so-called healing farms.¹⁸⁴ Some of the healing farms outright ban medication for fentanyl and other substance use disorders; few, if any, have a strongly evaluated proven record of effectiveness.¹⁸⁵ Diverting resources and focus away from overdose prevention or funding poorly designed and run programs that do not operate with qualified staff and do not employ evidence-based approaches will bring about a rapid reescalation in mortality. Baltimore can serve as an example.¹⁸⁶ When the city’s health authorities paid close attention to the fentanyl crisis, specifically sought to reach the most vulnerable communities, and appropriately resourced their fentanyl efforts, mortality remained low. When attention and resources were shifted elsewhere, mortality shot up.¹⁸⁷

How the balance between ideology- and evidence-based policies and interventions will turn out in the Trump administration remains to be seen. In its Project 2025, the Heritage Foundation argued that “it is imperative that a political appointee lead the ONDCP [Office of National Drug Control Policy] budget office ... [and that] grant programs are funding the President’s drug control priorities and not woke

nonprofits with leftist policy agendas.”¹⁸⁸ Such statements indicate a desire within the Trump administration to roll back at least some treatment and harm-reduction modalities and to decrease interagency coordination and strategizing.

Conclusions

It is crucial that U.S. drug strategies—and, indeed, all matters of public policy—be informed by facts and evidence, as opposed to ideological stances or philosophical frameworks. In the United States and Canada, tens of thousands of lives per year, not to mention the countries’ economies and workforces, continue to be at stake. Fentanyl use is spreading in Mexico, where Mexican cartels produce essentially the entire supply that enters the United States using precursor chemicals sourced in China and India. The economic threat posed by fentanyl in Mexico is augmented by the tremendous, and expanding, power of Mexican criminal groups.

Recent reductions in opioid overdoses in the United States are most welcome, but these improvements could easily be reversed. New rays of hope could easily be clouded over. While much remains unclear about what has driven recent declines in overdose death rates, there is widespread consensus about the effectiveness and importance of certain policies. As indicated in the Brookings series “The fentanyl epidemic in North America and the global reach of synthetic opioids,” it is crucial to achieve and maintain widespread access to evidence-based interventions such as overdose-reversal medication and medication-based treatment regimens for opioid use disorder, the feasibility of which, especially in the case of the latter, is dependent on expanding medical insurance coverage for those with substance use disorders.

Effectively managing the international supply of drugs is also important. Yet the proposed tariffs on China—both the general and the fentanyl-specific tariffs—are likely to set significantly set back or again lead to the suspension of China’s counternarcotics. Maintaining the adroit diplomacy the Biden administration exhibited during 2023 and 2024 vis-à-vis China and fentanyl and using it as a basis for deepening cooperation and addressing outstanding issues in the bilateral relationship would be a more fruitful approach. In the case of Mexico, the threat of a 25% fentanyl-linked tariff could actually stimulate meaningful cooperation against Mexican cartels and organized crime, something that was woefully lacking during the López Obrador administration. The Sheinbaum administration is more interested in combatting organized crime. But any gains from the tariff threat will only be realized if the United States pursues the right objectives, doesn’t subordinate anti-crime measures to migration control, and doesn’t explode the relationship by resorting to unilateral military actions in Mexico.

Seeking to inform policymakers as well as the broader public, the Brookings fentanyl series, of which this paper is part, provides important insights into these issues and many other dimensions of U.S. drug policy at home and abroad. In-depth papers and a podcast series, *The Killing Drugs*,¹⁸⁹ provide lessons and recommendations to policymakers in the United States and beyond for confronting the immense risks and harms generated by synthetic opioids and other potent synthetic drugs.

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